



SMALL BUSINESS HEALTH OPTIONS PROGRAM
MARKETPLACE
EMPLOYER ENROLLMENT USER GUIDE

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SHOP Marketplace – Employer Enrollment Application

The online SHOP Marketplace is open for employers with 50 or fewer employees to enroll in coverage that starts as early as January 2015. If you already have coverage through SHOP, you'll need to visit HealthCare.gov to [renew your coverage](#).

- If your business is in one of these states, use this document to guide you through the enrollment process.

Alabama	Nevada
Alaska	New Hampshire
Arizona	New Jersey
Arkansas	North Carolina
Delaware	North Dakota
Florida	Ohio
Georgia	Oklahoma
Illinois	Pennsylvania
Indiana	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Louisiana	Texas
Maine	Virginia
Michigan	West Virginia
Missouri	Wisconsin
Montana	Wyoming
Nebraska	

- If your business is in a state that's not listed above, that means the state is running its own SHOP Marketplace. Follow your state's application and enrollment process. To find your state's SHOP Marketplace, visit the small

business [employer page](#) on HealthCare.gov and select your state from the menu, or contact the SHOP Employer Call Center at 1-800-706-7893. TTY users should call 711 to reach a call center representative.

If you're working with a SHOP authorized agent or broker, they must follow the same process as employers.

IMPORTANT: You can stop at any point in the application and save your information. To return to where you stopped, select **My eligibility**, then select **Edit enrollment** in the **Actions** field.

Create a HealthCare.gov account

To start the SHOP enrollment process, visit HealthCare.gov and create an account. After you create an account, you can store all business, employee, and coverage information, and access the SHOP enrollment application.

- **Select your state.** Visit the small business [employer page](#) on HealthCare.gov and select your state from the menu. Select the state where your primary business address is located. Then select **APPLY NOW**.

Note: If you already have a Marketplace account you created previously for individual and family coverage, you can select **Log in** to log into the same account for SHOP (same username and password).



- **Answer a few questions.** On the **Create an account** page, you'll give your first and last name, email address, and preferred password. If you don't have an email address, review the quick links below to learn how to get one.

You will need an email address to sign up. You can get one now for free.

[Gmail](#)

[Outlook](#)

[Yahoo](#)

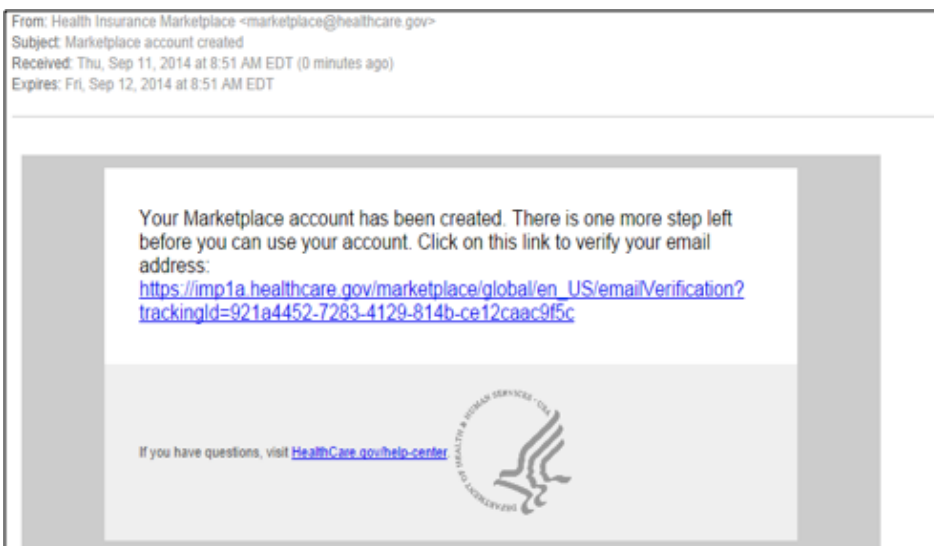
[AOL](#)

Next you'll answer a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

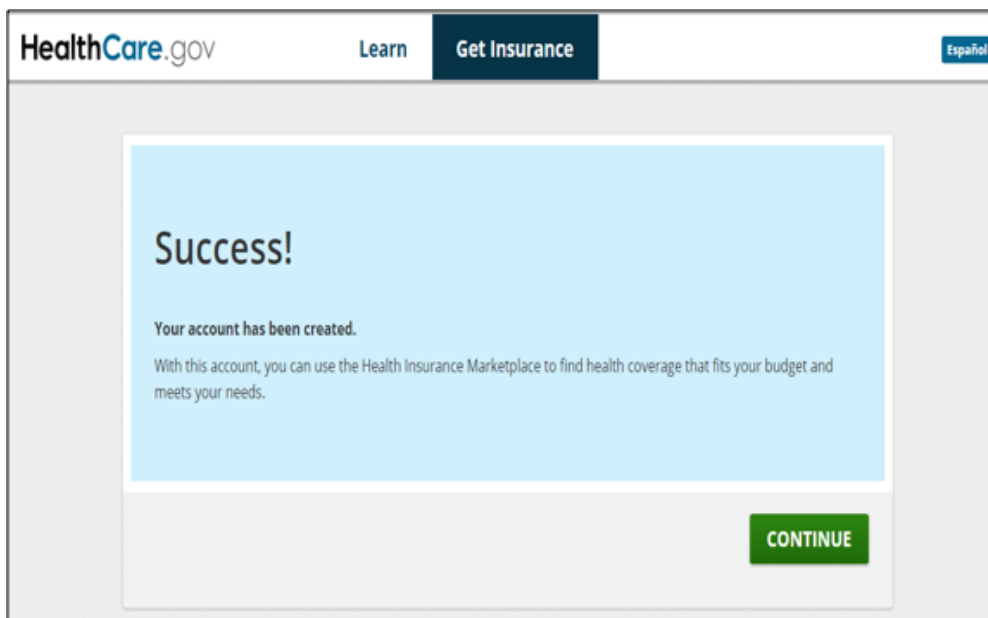
- o Click the box about news and updates if you want us to email information to you.
- o Check the box stating that you understand and agree with HealthCare.gov's privacy policy and select **CREATE ACCOUNT**.

Note: When you create your account, the information you provide is case sensitive. Remember to enter the information the same way when you log-in.

- **Verify your email address.** You must verify that the email address you gave for the account is correct. You'll get an email with a link that's unique to you. Follow the instructions on the screen. **Note:** If you don't see the verification email in your inbox, check your junk mail.



After you finish verifying your email address, you'll see a page with "Success!" letting you know that your account has been created. Select **Continue** to create your profile and verify your identity.



Note: If you don't verify your email address within 48 hours of getting the email, the link in the email will expire. You'll need to get another verification email before you try to log into your account.

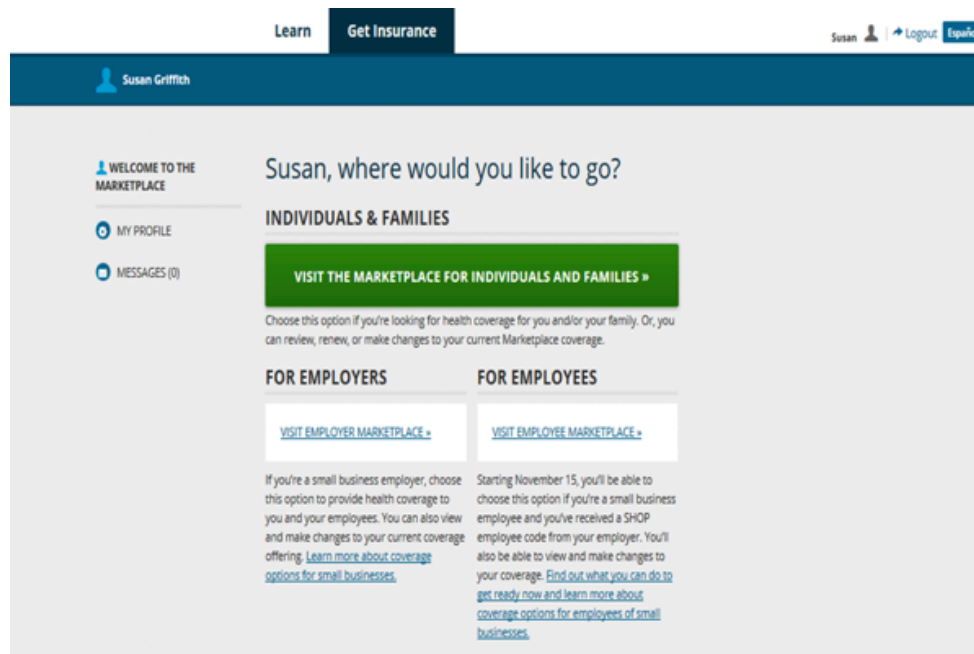
If you try to log into your account without verifying your email address, you'll get an expiration notice. Click **Resend Verification Email** on the expiration notice and follow steps above to verify your email address.

Create a profile

The next step to prepare for enrollment is to create your profile. This process is used to verify your identity and protect your privacy.

- **Log into your HealthCare.gov account.** Enter your new username and password, and then select **I ACCEPT** on the **Terms & Conditions** page.
- **Select the employer application.** On the **WELCOME TO THE MARKETPLACE** page, select the **VISIT EMPLOYER MARKETPLACE** link.

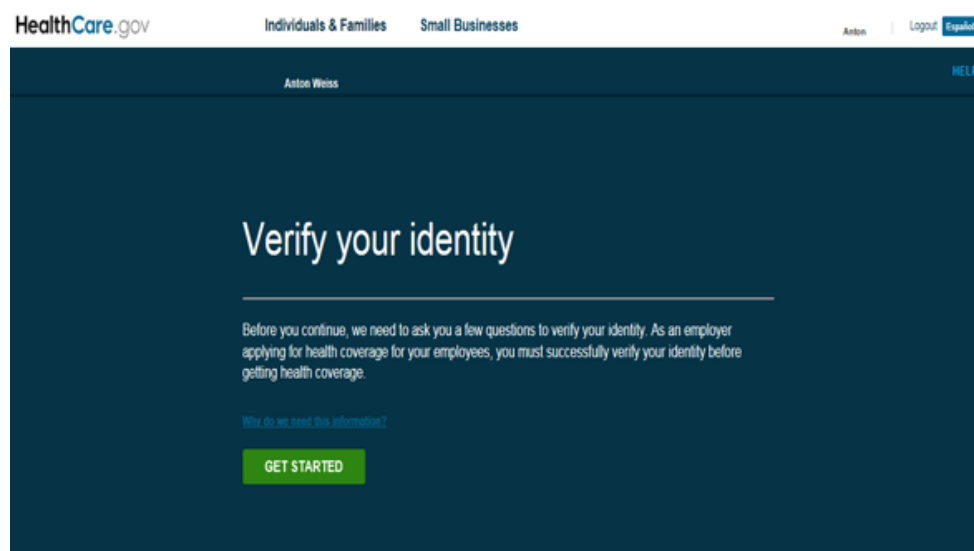
- **Review your information.** Carefully review the details on the **My Profile** page and add or change any information that's missing, like your phone number and address. Select the **Verify Now** link.



Verify your identity

To protect your personal information, you must verify your identity.

- **Start identity proofing.** On the **Verify your identity screen**, select **GET STARTED**. This process will help protect your employees' and your personal information. Without this identity verification process, someone else could create an account in your name without your knowledge.



• **Enter data in required fields.** On the **Contact information** page, enter this data in the required fields:

- o First and last name. Enter as they appear in legal documents, like a driver's license or passport, and add any suffixes (like Sr, Jr, II, etc.)
- o Date of birth
- o Social Security Number (optional)
- o Email address
- o Street address, City, State, Zip code, preferred phone number, and phone type

Review and select **CONTINUE**.

The screenshot shows the HealthCare.gov website with the user 'Anton Weiss' logged in. The navigation bar includes 'HealthCare.gov', 'Individuals & Families', and 'Small Businesses'. A sidebar on the left titled 'VERIFY YOUR IDENTITY' shows two steps: '1 Contact information' (active) and '2 Identity questions'. The main content area is titled 'Contact information' and contains the following fields:

- First name:** Anton
- Middle optional:** (empty)
- Last name:** Weiss
- Suffix optional:** Select... (dropdown menu)
- Date of birth:** (calendar icon)
- Social Security number optional:** (format: XXX-XX-XXXX)
- Email address:** picofutelf-6773@yopmail.com
- Street address:** (empty)
- Apt./Ste #, optional:** (empty)

• **Answer questions to verify identity.** Answer personal questions on the **Identity questions** page to confirm your identity. These questions will be different for each person. If you don't answer all the required questions, you won't be able to start the SHOP enrollment process. **Note:** You have 2 tries to answer each question, then you'll get a failure message. Select **CONTINUE**.

Anton Weiss

VERIFY YOUR IDENTITY

Contact information

2 Identity questions

Identity questions

Answer these questions so we can verify your identity.

1. Please select the county for the address you provided.

☐ CUMBERLAND

☐ ALEXANDRIA CITY

☐ BOTETOURT

☐ STAFFORD

☐ NONE OF THE ABOVE

2. According to our records, you previously lived on (19TH). Please choose the city from the following list where this street is located.

☐ BRADFORD

☐ CLEARFIELD

☐ HOLLIDAYSBURG

☐ ERIE

☐ NONE OF THE ABOVE

On the next screen, you'll see one of 2 messages below:

- Your identity has been verified
- Your identity wasn't verified

If your identity is verified, select **CONTINUE** to start your SHOP application.

If your identity wasn't verified, follow the directions on the screen. If you need help call 1-855-267-1515, or email CMS_FEPS@cms.hhs.gov. **Make sure you put "EIDM ASSISTANCE" in the subject line.** In some cases you may be asked to submit documents to verify your identity. You'll have to finish this process before you can complete the SHOP application.

HealthCare.gov

Individuals & Families

Small Businesses

Anton | Logout [Español](#)

Anton Weiss

VERIFY YOUR IDENTITY

1 Contact information

2 Identity questions

Your identity has been verified

If you're a small business employer, you can now apply for coverage for you and your employees.

Select Continue to go to Employer Marketplace.

CONTINUE

Anton Weiss

VERIFY YOUR IDENTITY

1 Contact information

2 Identity questions

Contact information

Important: Your attempt to verify your identity was unsuccessful.
Review your information, and try again.

Tell us about yourself. Use your complete name, as it appears on legal documents (like your Social Security card).

All fields are required unless they're marked optional. Don't enter any letters with special characters, like accents, tildes, etc.

First name

Anton

Middle optional

Last name

Weiss

Suffix optional

Select...

Date of birth

MM/DD/YYYY

Social Security number optional

XXX-XX-XXXX

tos://imo1a.healthcare.gov/

Browse SHOP plans

Before you get started, visit the SHOP [Premium Estimator Tool](#) on HealthCare.gov to see health and dental plans available in your area

Important: The premiums below are only estimates. You'll need to submit a SHOP Marketplace application to get final plan prices. Some plans and details you see here may change.

23 Health Plans

[BACK TO QUESTIONS](#)

Viewing:

[HEALTH PLANS](#) [DENTAL PLANS](#)

Sort:

by monthly premium

NARROW YOUR RESULTS

See only plans with these features

Premium

less than \$200 (5)
less than \$300 (18)
less than \$400 (22)
less than \$600 (23)

Health plan categories

Bronze plans (5)
Silver plans (6)
Gold plans (7)
Platinum plans (5)

Plan Types

PPO (4)
HMO (18)
POS (1)

Insurance companies

CareFirst BlueChoice (6)

CareFirst BlueChoice · BlueChoice HMO Referral HSA/HRA \$4,000

[Compare](#)

Bronze | HMO
National Provider Network
Plan ID: 10207VA0550002

EMPLOYER'S ESTIMATED MONTHLY PREMIUM

\$160

Number of people covered: 1

ESTIMATED DEDUCTIBLE

\$4,000

Estimated individual total

\$8,000

Estimated family total

ESTIMATED OUT-OF-POCKET MAXIMUM

\$6,350

Estimated individual total

\$12,700

Estimated family total

COPAYMENTS / COINSURANCE

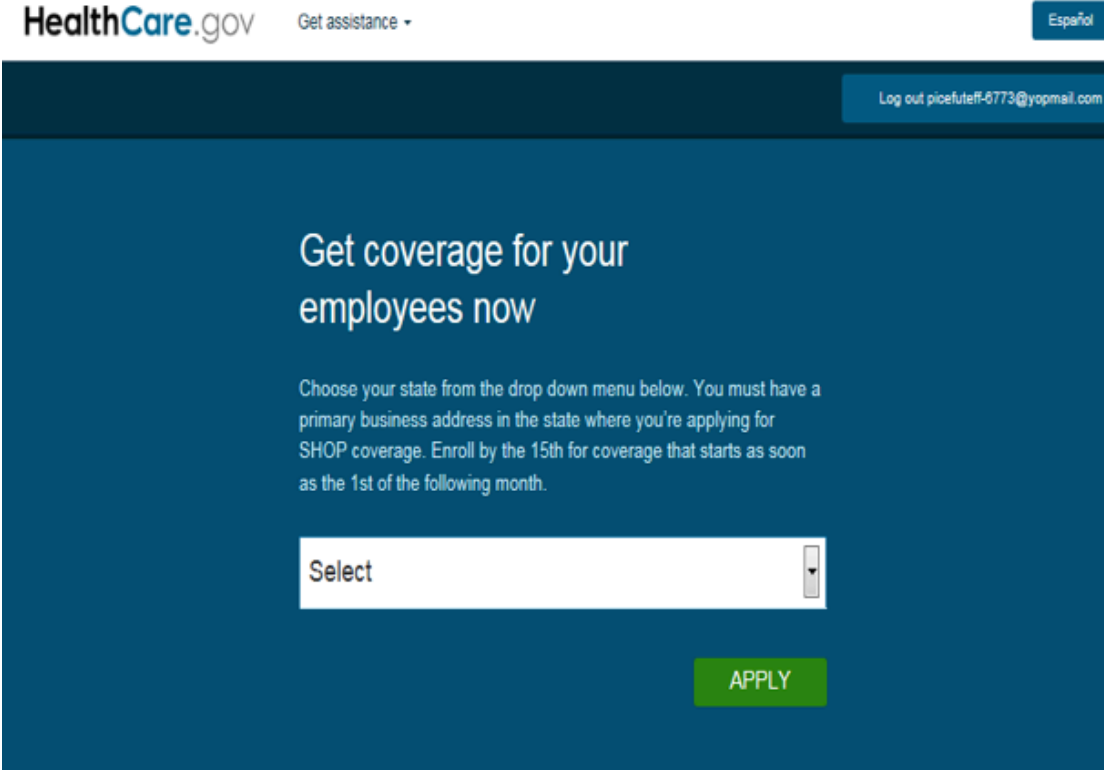
Primary doctor: 20% Coinsurance after deductible
Specialist doctor: 20% Coinsurance after deductible
Emergency room care: 20% Coinsurance after deductible
Generic drugs: \$10 Copay after deductible

[Summary of Benefits](#)
[Provider directory](#)

[LEARN MORE ABOUT THIS PLAN](#)

Start a SHOP Marketplace application

Once you decide that SHOP coverage might be right for you, you can start the application process. Choose the state where your business is located from the drop down menu, then select **APPLY**. You must have a primary business address in the state where you're applying for SHOP coverage. If you have multiple businesses or operate in multiple states, visit [HealthCare.gov/small-businesses/provide-shop-coverage/business-in-more-than-one-state/](https://www.healthcare.gov/small-businesses/provide-shop-coverage/business-in-more-than-one-state/) for more information.



The screenshot shows the HealthCare.gov website interface for starting a SHOP Marketplace application. At the top, the 'HealthCare.gov' logo is on the left, 'Get assistance' with a dropdown arrow is in the center, and a 'Español' button is on the right. A dark blue header bar contains a 'Log out picetuteff-8773@yopmail.com' link. The main content area has a dark blue background with the heading 'Get coverage for your employees now'. Below this, a paragraph explains the process: 'Choose your state from the drop down menu below. You must have a primary business address in the state where you're applying for SHOP coverage. Enroll by the 15th for coverage that starts as soon as the 1st of the following month.' A white dropdown menu with the text 'Select' and a downward arrow is positioned below the text. At the bottom right of the main area is a green button labeled 'APPLY'.

Get help with your application

You can get help with your application through an agent or broker. They can help you with the enrollment process, health plan selection, and provide account management support.

- Select the **Get assistance** tab if you want SHOP enrollment help from an agent or broker. On the **Find an agent/broker** page, you can search a list of agents and brokers registered to work with the SHOP Marketplace in your area. Enter information about your location and preferred language.

HealthCare.gov Create enrollment Manage employees My account Get assistance ▼ Español

VA: Change state

Learn about SHOP Log out xacitofaj-1433@yopmail.com

Find local help Find an agent/broker

My eligibility

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?

Get eligibility information and access to SHOP coverage for your other offices.

[ADD ANOTHER STATE](#)

Eligibility status

Application ID	Status	Actions
1000002567	Approved	View Withdraw application

You'll have to authorize the agent/broker to act on your behalf. You can revoke the agent/broker's authorization if you no longer want help or you want to change agents/brokers. **Note:** You can only change agents and brokers twice within twelve months.

- o If you already have an agent or broker, you can enter the agent/broker's name and National Producer Number (NPN), if available.
- o Make sure your agent or broker has completed their own SHOP registration requirements, so you can authorize him/her to act on your behalf.

HealthCare.gov Create enrollment Manage employees My account Get Help ▼ Español

OK: Change state Log out mowreitr@fakeinbox.com

Find an agent/broker

Find an agent/broker

You can choose to get SHOP enrollment help from an agent or broker registered to work with SHOP. Each agent or broker listed in the search has completed the SHOP privacy and security agreement and is able to assist you.

If you decide to do so, you must authorize them to act on your behalf. You can remove authorization at any time.

To search for an agent/broker, enter information about your location and preferred language. You can also enter your agent/broker's information if available.

If you don't want to find an agent/broker, click one of the tabs above to continue your application.

ZIP code Distance

Agent/broker last name National Producer Number (NPN)

Language

[SEARCH](#)

Start your eligibility application

On the **My account** tab, select **My eligibility**. Then select the **Create** link.

- Enter information about your business. On the Employer details page, enter details about your business, like business name, business address, phone number(s), federal tax ID, and employer type.

Select how you want to get official messages from the SHOP Marketplace and your preferred language from the **Preferred method of contact** and **Preferred spoken language** drop down menus.

Here's how you complete each field on the **Employer details** page

Legal business name	Enter the exact name of your business as listed on your tax documents.
Doing business as name (optional)	If your business runs under a different name, list the name here.
Federal Tax ID	Enter the 9-digit number that your business is registered under.
Employer type	Select the best description of your business: <ul style="list-style-type: none">• Private sector:<ul style="list-style-type: none">o C Corporationo S Corporationo 1040 Schedule C Business: self employedo Tax Exempt organization (to include corporation, trust, limit liability company, or association)• Church/Church affiliate• State/Local Government• Foreign Government• Non-profit organization• Tribal government
Billing business address	Enter the address where a paper invoice would be sent. This can be outside the state of coverage area.
Billing address phone number	Enter the phone number to contact you about billing questions.
Primary business address	Enter the address of your primary business location. To be eligible for SHOP, the address must be in the state you're requesting coverage.
Primary business phone number	Enter the phone number of your business.

Note: The county will fill automatically once you enter a ZIP code. If a ZIP code overlaps counties, you must manually select the county where your primary business address is located.

HealthCare.gov will make sure the Employer Identification Number (EIN) is unique within your chosen state.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajoxi-3091@yopmail.com

ELIGIBILITY APPLICATION

- Employer details
- Eligibility
- Employee details
- Signature

Business information

Start here to create a SHOP account and verify your eligibility to purchase a plan.

To be eligible, your small business must have a primary business address in the state where you're buying coverage, and have at least one employee who isn't the owner or business partner or the spouse of the owner or business partner. You must have 50 or fewer full-time equivalent (FTE) employees, and offer SHOP coverage to all full-time employees.

All information is required unless otherwise noted. You may save your data at any point and return later to finish.

Select "Learn more" or "Get assistance" if you have questions about how to calculate the number of full time equivalent employees or for answers to other questions.

**Required field.*

**Business name*

Joe's Auto Body

**Doing business as" name*

**Federal Employer Identification Number (EIN)*

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajoxi-3091@yopmail.com

ELIGIBILITY APPLICATION

- Employer details
- Eligibility
- Employee details
- Signature

Business information

**Required field.*

**Business name*

Joe's Auto Body

**Name to display for SHOP*

**Preferred method of contact*

Email address

**Preferred spoken language*

English

BACK SAVE AND CONTINUE

- **Enter the primary contact for your business.** Enter the information for the person you want to have access to your account to make premium payments and update enrollment for the business. You must enter the full name, title, email address, mailing address, and phone number of your primary contact. You can select the preferred method of contact and a language preference. If you don't make a selection, the language preference will default to English.

Note: You have the option to add a secondary contact. If you choose to enter a secondary contact, that person will have the same rights as the primary contact.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajoxi-3091@yopmail.com

ELIGIBILITY APPLICATION

- Employer details
- Eligibility
- Employee details
- Signature

Employer information – Primary contact

**Required field.*

Primary contact name

*First name	Middle name	*Last name	Suffix
Anton		Weiss	Suffix <input type="text"/>

*Title (Examples: Owner, HR)

*Email address

Mailing address ☒ Same as business billing address

*Street address Apt./Ste. #

106 Greenfield Road

*City	*ZIP code	*County	*State
Frederick	22603	FREDERICK	VA

• **Verify that you meet all SHOP eligibility requirements.** On the **Eligibility** page, you'll verify that your business meets these requirements to be eligible to participate in the SHOP Marketplace. Click the box next to each statement.

- This business has 50 or fewer full-time equivalent (FTE) employees and has a primary business address in the state where I'm applying for this SHOP coverage.
- All full-time employees of this business will be offered SHOP coverage.
- This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner.

Select **SAVE AND CONTINUE**.

If you don't check all boxes verifying that you meet the requirements above, you'll see a message that you're ineligible for SHOP coverage. You can still go through the application, but you won't be considered eligible for SHOP coverage.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajoxi-3091@yopmail.com

↓ ELIGIBILITY APPLICATION

- 1 Employer details
- 2 Eligibility
- 3 Employee details
- 4 Signature

Verify eligibility

To be eligible to participate in the SHOP, you must indicate that your business or organization meets all of these qualifications. [Learn more about how to count full-time equivalent employees.](#)

- ☐ This business has 50 or fewer full-time equivalent (FTE) employees and has a primary business address in the state where I'm applying for this SHOP coverage.
- ☐ All full-time employees of this business will be offered SHOP coverage.
- ☐ This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner.

BACK SAVE AND CONTINUE

- **Enter employee information.** On the **Employee details** page, you'll list all employees who will get an offer of coverage, including you. To complete the employee roster, you'll need each employee's legal first and last name, date of birth, and Social Security Number. While not required, it's also important to include their email address so they can be notified directly about your coverage offer. You'll also enter their address, employment status (like full or part-time), date of hire, and contact preferences. You can do this 3 ways:

1. Select **ADD EMPLOYEE** to enter employee information one at a time on the employee roster screen.
2. Select **BLANK ROSTER** to download an Excel roster template.
3. Select **COMPLETED ROSTER** to upload an Excel file with your employees' information. After you select the file from your computer, the file name will appear in the employee roster dialogue box.

Note: The 1997-2003 Excel template is available to download on the employee roster page. Only the 1997-2003 Microsoft Excel file can be uploaded. You'll get an error message if the file isn't in the right format. You must enter complete records. You'll get a rejection message if you enter incomplete records.

You'll need to add an Employee ID which is a number or other code that you'll assign to your employees on the roster. You can enter any ID for your employees, but each employee's ID must be different.

You can also add dependent information, but this is optional. Your employees may enter this information when they review your coverage offer.

On the employee roster, each employee is assigned a participation code. They'll use this code to review and respond to your coverage offer. Without this code, your employees can't complete their applications.

Once you've created or uploaded an employee roster, select **SAVE AND CONTINUE**. You can review and edit the roster as employees are added. To update information for a specific employee, you can sort the roster and perform a search. **A new roster can't be uploaded if it has an employee that's already entered into the roster.**

After you create your enrollment criteria, only employees included on the roster will be included in your initial Open Enrollment Period.

The screenshot shows the HealthCare.gov website interface. At the top, there's a navigation bar with links: "Create enrollment", "Manage employees", "My account", and "Help". A language selector for "Español" is also present. Below this, a dark blue header contains a location dropdown set to "VA: Change state" and a "Log out" button with the email "esabajoxi-3091@yopmail.com".

The main content area is titled "Employee roster". It includes instructions: "Submit a roster that lists all employees who'll get an offer of coverage. Including you. You can upload an employee roster or add employees manually." followed by three bullet points: "List all eligible employees, even if some may not accept coverage.", "At a minimum, you must offer coverage to each employee working an average of 30 or more hours a week throughout the year.", and "All employees working 30 or more hours a week should be listed, even if they don't plan to accept coverage." Below this, it states: "You need to list these people so you can track the percentage of employees who accept your offer of coverage. This lets you determine if you meet the minimum participate rate."

There are three main action buttons: "ADD EMPLOYEE" (green), "BLANK ROSTER" (dark grey), and "COMPLETED ROSTER" (light grey). The "COMPLETED ROSTER" button has a "Browse..." link and the text "No file selected.".

Below these buttons is a search section with a "Search" input field, a "Within" dropdown menu currently set to "Employee ID", and a "SEARCH" button.

The "Employee roster" table is shown with a header row: "Employee ID", "Employee Name", "Participation Code", "Status", and "Actions". The table body contains the message "No employees found."

At the bottom right of the page, there are two buttons: "BACK" (dark grey) and "SAVE AND CONTINUE" (green).

- **Review and sign your application.** On the **Signature** page, you'll need to certify that the information on your application is valid. Click on the box showing that you agree to the terms of the application, enter your full name, and select **SAVE AND CONTINUE**.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajoxi3091@yopmail.com

ELIGIBILITY APPLICATION

- 1 Employer details
- 2 Eligibility
- 3 Employee details
- 4 Signature

Signature

**Required field.*

SHOP attestation

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge.

- I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, it will be used to facilitate enrollment.
- I know that I must tell the SHOP and any programs I'm enrolled in if anything changes (and is different than) what I wrote on this application. I have consent from everyone I'll list on the application to include personally identifiable information, like dates of birth, Social Security numbers, addresses, and phone numbers.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

☐ *I have read and agreed with the statement above.

*Full name:
Anton Weiss

Date: 10/13/2014

BACK SAVE AND CONTINUE

- **Get an eligibility confirmation.** You'll get a confirmation letting you know if you're eligible to buy coverage through the SHOP Marketplace for your business.

Select **CONTINUE** to go to the **My eligibility** page and start your enrollment criteria. You can also view, withdraw, or update your application there.

If you're not eligible, you can select the **File an appeal** link. Or, select the **Return to My Account** link to withdraw your current application and start a new one.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out goxeoeqew-5340@yopmail.com

ELIGIBILITY APPLICATION

- 1 Employer details
- 2 Eligibility
- 3 Employee details
- 4 Signature

Confirmation

SUCCESS: You're eligible to purchase coverage through SHOP. Next, you'll review coverage options and an offer to your employees.

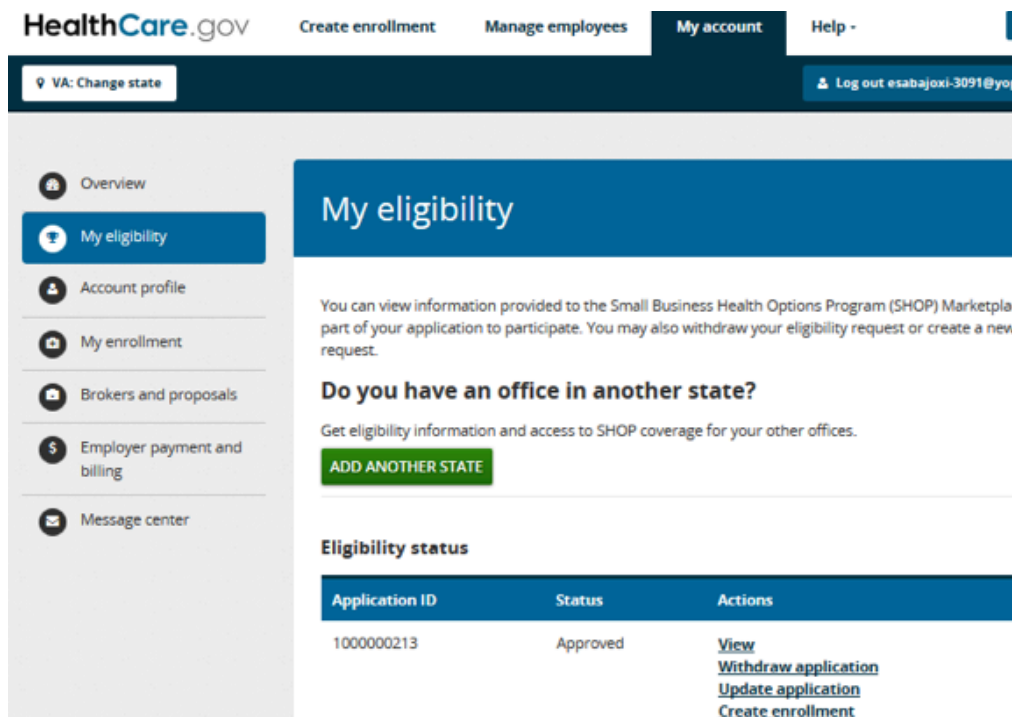
You can proceed with the following steps: Select "Continue" to establish your contribution amounts, select your plans, inform your employees, and enroll your company.

- Go to ["Manage Employees"](#) to manage your employee roster.
- Go to ["My account"](#) to view your eligibility results.

CONTINUE

Submit an appeal

To submit an appeal, select the **Create appeal** link in the **Actions** field to get the appeal request form. Print the appeal request form and mail it to the address on the form. You'll be notified by mail of the outcome of the appeal request within 90 days of the date you submit your appeal request. You have 90 days from the date in your SHOP eligibility determination notice to request an appeal. [Learn more about SHOP Marketplace appeals.](#)



Withdraw your application

If you want to terminate your application, select the **Withdraw application** link in the **Actions** field. Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

Create your enrollment criteria

Select the **Create enrollment** link on the **My eligibility** page to start your enrollment criteria.

- **Set your enrollment period.** On the **Set enrollment period** page, you can set the:
 - o **Enrollment period.** Your group's enrollment period is the timeframe your employees have to review your coverage offer, and accept or decline coverage. Remember, you should submit your application by the 15th of the month if you want your coverage to start on the 1st of the following month.
 - o **Effective date of coverage.** The effective date of coverage is the day you want to start coverage for your employees.

- If the last day for employees to enroll is on or before the 15th of the current month, the effective date will be the first of the following month. You may select this date or the following month from the drop down menu.
- If the last day for employees to enroll is after the 15th of the current month, the effective date will be the first of the second following month.

o **New employee waiting period.** You can decide how much time must pass before coverage can become effective for a new employee hired after your SHOP Initial Enrollment Period or renewal. You're not required to set a waiting period, but if you do, you can choose 0, 15, 30, 45, or 60 days. [Learn how your coverage start date might affect your costs.](#)

Select **SAVE AND CONTINUE.**

HealthCare.gov Create enrollment Manage employees My account Get assistance ▼ Español

VA: Change state 0 Cart Log out picefuteff-0773@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period**
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans
- 5 Summary & submit

Set enrollment period

Choose the day you want your enrollment period to start and the last day your employees have to enroll. If employees don't select coverage during this enrollment period, they may not be eligible for the coverage you offer. Be sure to leave enough time to allow your employees to respond to your offer of coverage. This will ensure that your completed application is submitted in time to meet the coverage start date you select below.

The coverage start date may affect your costs. This is due to quarterly rate increases that may be set by insurance companies. Once you enroll, your premium is locked in for 12 months.

**Required field.*

**Start coverage on*

01/01/2015

**Start enrollment period on*

**Last day employees have to enroll*

Employee waiting period

You have the option of setting up a waiting period for new employees before coverage can start.

How many days would you like new employees to

- **Select how you'll offer coverage.** On the **Decide how you offer coverage** page, you'll choose whether you want to offer your employees a single plan or a choice of plans. You'll also decide if you'll offer dental coverage. You're not required to offer dental coverage.

o In all states, you can select one insurance company and health plan to offer your employees. If you offer one health plan, you'll select from a list of insurance companies in your area. You can come back to this page and make changes any time before you submit your application.

o In some states, you can select one plan category (like Bronze or Silver) and employees are free to choose any plan from any insurance company in the plan category you choose. This is called "employee choice." **Note:** The employee choice option is available in these states in 2015:

- Arkansas
- Florida
- Georgia
- Indiana
- Iowa
- Missouri
- Nebraska
- North Dakota
- Ohio
- Tennessee
- Texas
- Virginia
- Wisconsin
- Wyoming

If you don't see your state, you may offer your employees a single health plan in 2015. All states are expected to have employee choice available in 2016.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state 0 Cart Log out pioefuteff-0773@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans
- 5 Summary & submit

Decide how you offer coverage

Decide how you want to offer coverage from the 2 options below:

- You'll select the insurance company and the plan. Your employees must enroll in this plan in order to get SHOP coverage.
- You'll select a plan category (like Bronze or Silver) from any insurance company. Your employees can select the insurance company and plan that best suits their needs from plan category you choose.

If you have any questions, call the SHOP Call Center at 1-800-706-7893, or select "Get assistance" to chat online. TTY users should call 1-800-706-7915 to reach a call center representative.

☒ Option one
Employees can select an insurance company and plan from the plan category you choose.

☒ Health plans

☐ Bronze
 ☐ Silver
 ☐ Gold
 ☐ Platinum

☐ Dental plans

☐ Option two
Employees can accept the insurance company and plan you choose.

• **Set your premium contribution.** On the **Set employer premium contribution** page, decide how much you want to contribute toward employee and dependent premiums, if you offer dependent coverage. **Note:** To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium. Visit the SHOP Tax Credit Estimator at [HealthCare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/](https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/) to see if you qualify for the tax credit and how much it may be worth to you.

o If you offer one health plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage). Under **Contribution method**, click the fixed percentage radio button for medical and dental coverage, if applicable. Then you can enter your percentage contribution in the contribution box for employees and dependents.

o If you offer your employees a choice of plans, you have 2 options:

1. **Contribute a fixed percentage of any individual plan premium within a health plan category** (like Bronze or Silver) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary from employee to employee based on their age and the plan they choose.

For example: Jane is 25 and her premium is \$200 per month. John is 60 and his premium is \$300 per month. You decided to pay 80% toward your employees' individual plan premiums (which varies by their age). This means that you'll pay \$160 per month toward Jane's premium and \$240 per month toward John's premium.

If you choose this option, under **Contribution method**, select the “fixed percentage” button for medical and dental coverage, if applicable. Then you can enter your percentage contribution in the contribution box for employees and dependents.

2. **Contribute a fixed percentage of a specific “reference plan” premium amount that you choose.** The reference plan is used only to determine the percentage amount you’ll contribute toward your employees’ premium.

For example: The reference plan premium is \$100 and your contribution is 50%. You’ll pay \$50 toward your employees’ premium, even if your employees choose a different plan. The reference plan premium amount will vary from employee to employee based on their age.

If you choose this option, click the “reference plan” button for health and dental coverage, if applicable. Then you can enter your percentage contribution in the contribution box for employees and dependents.

Select the check box next to dependents if you want to contribute to dependent premiums. If you decide to offer dependent coverage without contributing toward coverage, add a “0” in the dependents percentage contribution box.

Whether you offer one plan or a choice of plans, your percentage contribution will convert to a specific dollar amount that you can use for budgeting purposes. You’ll see what the employees’ and your premium contribution will be when you compare plans.

Note: You may return to this page at any time prior to submitting the enrollment application to revise the percentage contribution entered.

After you enter your percentage contribution, select **SAVE AND CONTINUE**.

- **Select a plan.** You’ll review and select coverage on the **Select plans** page. If you’re offering a single health plan, you can look through the available 2015 plans in your area, compare costs and benefits, and choose one that’s right for you and your employees.

- o **Review plan details:** To review more detailed information about a plan, like copayments, laboratory and outpatient services, medical devices, emergency care, prescription drugs, and inpatient stays, select **View Details**.

- o **Compare plans side-by-side:** To compare side-by-side, click the **Select to compare** checkbox for each plan you want to compare. You can compare up to 3 plans at a time. After choosing each plan you want to compare, select **Compare plans**. Select **View Details** to see a side-by-side comparison of each plan’s copayments,

deductibles, covered services, and provider network information.

o **Sort plans:** You can sort plans using the **Sort by** drop-down menu and selecting any of the cost or deductible options listed.

o **Filter plans:** You can also filter your plan results under **Narrow your results**.

HealthCare.gov Create enrollment Manage employees My account Get assistance ▼ Español

VA: Change state 0 Cart Log out picefuteff-6773@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans**
- 5 Summary & submit

Compare plans

[BACK TO PLAN LIST](#) [DOWNLOAD IN EXCEL](#) [PRINT](#)

Anthem HealthKeepers CLOSE	Anthem HealthKeepers CLOSE	Anthem HealthKeepers CLOSE
Bronze Pathway X POS 5500 0 5500 Plus w HSA	Silver Pathway X POS 2000 30 5500 Plus	Gold Pathway X POS 500 20 5000 Plus
\$325.73 Employer monthly cost	\$422.09 Employer monthly cost	\$495.26 Employer monthly cost
\$217.15 Employee monthly cost	\$281.38 Employee monthly cost	\$330.16 Employee monthly cost
\$542.88 Total estimated cost	\$703.47 Total estimated cost	\$825.42 Total estimated cost
DETAILS	DETAILS	DETAILS
SELECT	SELECT	SELECT

• **Select a health plan category.** If you offer your employees a choice of health plans, you'll select one [health plan category](#) (like Bronze, Silver, Gold, or Platinum) and your employees can select any plan in that category. If you decide to contribute a fix percentage toward your employees' premium, you won't need to select a reference plan.

ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans**
- 5 Summary and submit

COVERAGE LEVEL

- ☒ Gold
- ☒ Silver
- ☒ Bronze

NARROW YOUR RESULTS

ENTER AMOUNTS MANUALLY

Estimated employer contribution
Between \$337.61 - \$496.12

\$337.61 \$496.12

Estimated employee contribution
Between \$225.07 - \$330.74

Select a plan for health coverage

Use the SHOP Tax Credit Estimator to find out if your business may qualify for the Small Business Health Care Tax Credit, and if it does, how much it may be worth to you. Take me to the [Tax Credit Estimator](#).

PRINT

3 Medical Insurance Plans

COMPARE PLANS

Sort by...

☐ Compare

DETAILS

Anthem HealthKeepers Bronze Guided Access Plus w/HSA-gjdb

POS | Bronze

SELECT

Cost details

Total estimated cost	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$562.68	\$5,500.00 per person \$11,000.00 per family	\$337.61 per month	\$225.07 per month

☐ Compare

DETAILS

- **Review dental coverage options.** If you're offering dental coverage, compare dental plans and choose one that's right for you and your employees. To do this, you'll follow the same process described above to review, compare, and select a plan.

- If you offer your employees a choice of dental plans, you can either select a reference plan for dental coverage or contribute based on a fixed percentage.
- If you offer one dental plan, you can contribute based on a fixed percentage.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state 1 Plan(s) in Cart Log out esabajoxi-3091@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans**
- 5 Summary and submit

COVERAGE LEVEL

☒ HIGH coverage category

☒ LOW coverage category

NARROW YOUR RESULTS

ENTER AMOUNTS MANUALLY

Estimated employer contribution
Between \$15.03 - \$25.84

\$15.03 \$25.84

Estimated employee contribution
Between \$10.02 - \$17.22


\$10.02 \$17.22

Select a plan for dental coverage

Use the SHOP Tax Credit Estimator to find out if your business may qualify for the Small Business Health Care Tax Credit, and if it does, how much it may be worth to you. Take me to the [Tax Credit Estimator](#).

4 Dental Insurance Plans


COMPARE PLANS Sort by...


☐ Compare
 DETAILS
SELECT

Anthem Dental Pediatric

PPO | LOW coverage category

Cost details			
Total estimated cost	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$25.05	Not applicable per person Not applicable per family	\$15.03 per month	\$10.02 per month


☐ Compare
 DETAILS
SELECT

Anthem Dental Pediatric Enhanced

- **Review coverage selection.** Before you submit your application, it's important that you review your application and verify business information.
 - o On the **Summary & submit** page, review the details of your coverage. If you need to make any changes, select **Edit**.
 - o When you're done reviewing your coverage offer, select **Submit**.
 - o Click on the **My account** tab and select **My enrollment** to view your enrollment details, like your employee participation rate, coverage start date, and enrollment period date.

After you submit your application, you'll get a confirmation that your application was submitted and your employees are ready to review your coverage offer and select a plan.

The screenshot shows the HealthCare.gov website with the 'Create enrollment' tab selected. The left sidebar lists five steps: 1. Set enrollment period, 2. Decide how you offer coverage, 3. Set employer premium contribution, 4. Select plans, and 5. Summary and submit (which is highlighted). The main content area is titled 'Summary and submit' and contains a summary of estimated premium costs and plan selections. It includes a 'PRINT' button and an 'EDIT' button. The summary is divided into three sections: 'Enrollment period', 'Employer's offer of coverage', and 'Employer's contribution'. Each section has an 'EDIT' button. The 'Enrollment period' section shows start and end dates for both enrollment and coverage. The 'Employer's offer of coverage' section shows the medical and dental insurance plans selected. The 'Employer's contribution' section shows the contribution for health and dental coverage.

HealthCare.gov Create enrollment Manage employees My account Help - [Español](#)

VA: Change state 2 Plan(s) in Cart Log out esabajeai.3091@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans
- 5 Summary and submit**

Summary and submit

Below is a summary of estimated premium costs and your plan selections. Select "Edit" to make any changes. To change plans, go to "Select plans" on the left. Select "Submit" when you're ready to offer coverage. [PRINT](#)

Enrollment period [EDIT](#)

Start date	End date
10/13/2014	10/15/2014
Coverage start date	End coverage on
11/01/2014	10/31/2015

Employer's offer of coverage [EDIT](#)

Employees can accept the health insurance company and plan you selected, or select any plan from the plan category and insurance company below (if applicable).

Medical insurance • HealthKeepers, Inc. Plan category • Bronze	Dental insurance • Anthem Blue Cross and Blue Shield Plan category • LOW coverage category
---	---

Employer's contribution [EDIT](#)

Health coverage	Dental coverage
-----------------	-----------------

- **Tell your employees about your coverage offer.** Once you submit your coverage offer, the SHOP Marketplace will send an email to all employees who you provided email addresses with your application. The email includes your participation code and a link to the SHOP website where employees can fill out the employee application and accept or decline the coverage offer.

You're responsible for making sure that all your employees get information about how to enroll in SHOP coverage. If you have employees without an email address, you'll have to notify them of your coverage offer and give them their unique participation code. Select the **Manage employees** tab to get the participation code.

Note: The employees' name, Social Security Number, and participation code must match exactly what you've entered or they won't be able to access the SHOP application.

Track employee participation and submit application

- **View employee enrollment status.** Select **My enrollment** to see the list of employees who have accepted or declined your coverage offer. Your employees have to respond by the last day of the enrollment period you set for your employees.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state Log out pieofuteff-6773@yopmail.com

Overview
My eligibility
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Brokers and proposals
Employer payment and billing
Message center

Employee enrollment and applications

Important: To ensure that your offer isn't identified as spam or junk mail, have employees add your address to their email contact list.

The SHOP Marketplace will send an email about your offer of coverage to all employees whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

Plan year 2015

VIEW MEMBER AND PREMIUM DETAILS PRINT

Coverage start date Last day employees have to enroll
01-01-2015, Enrollment period in progress 11-21-2014

SHOP Application # 1000002223 Your current participation rate

- **Submit your application.** After your enrollment period closes, you can submit your application. In **My enrollment**, you'll submit your enrollment application after your employees have responded to your coverage offer and you've met your [employee minimum participation requirement](#).

- Review your application carefully. Once your coverage starts, you won't be able to make changes to your coverage offer and contribution until your next enrollment period. Your plan year is a 12-month period starting with your effective date of coverage.
- Certain Medicare and COBRA provisions may apply to your coverage, depending on the size of your business. Check all of the boxes that apply to your business:

- o Your business had fewer than 20 employees throughout last year and this year.

- o Your business had 20 or more employees (both full time and part time) on each working day of 20 or more weeks this calendar year or last calendar year.

- o Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.

- o Your business had an average of 51 or more employees (both full time and part time) on business days during the last calendar year.

- o Your business had 100 or more employees (both full time and part time) on 50% or more of the working days in the last calendar year.
- Sign the SHOP user agreement by agreeing to these statements:
 - o This business is legal and the total number of employees is accurate.
 - o This SHOP coverage will be offered to all full time employees and at least one employee works in the SHOP service area.
 - o I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my SHOP coverage may be impacted if I provide false or untrue information.
- Select **SUBMIT APPLICATION**.
- To activate your new coverage you must pay the first month's premium by selecting **PAY NOW**.

HealthCare.gov

Create enrollment Manage employees My account Get assistance - Español

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Overview
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Message center

Review application

[BACK TO EMPLOYEE ENROLLMENT & APPLICATIONS](#)

Employer information

Joe's Auto Body	EIN
106 Greenfield Road, Stafford, VA 22603	14-5367892

Employer contact information

Name	Title (Examples: Owner, HR)
Anton Weiss	Owner
Mailing address	Email address
106 Greenfield Road, Stafford, VA 22603	picefuteff-6773@yopmail.com
Primary phone number	
(410) 394-3209	

Read, attest if accurate, and sign to indicate your agreement.

Attest before buying SHOP coverage

**Required field.*

Certain Medicare and COBRA provisions may apply to your employees' coverage, depending on the size of your business.(Check all that apply)

- ☐ Your business had fewer than 20 employees throughout last year and this year.
- ☐ Your business had 20 or more employees (both full time and part time) on each working day of 20 or more weeks this calendar year or last calendar year.
- ☐ Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.
- ☐ Your business had an average of 51 or more employees (both full time and part time) on business days during the last calendar year.
- ☐ Your business had 100 or more employees (both full time and part time) on 50% or more of the working days in the last calendar year.

By signing this section, you are agreeing to the following statements:

- ☐ This business is legal and the total number of employees is accurate.
- ☐ This SHOP coverage will be offered to all full time employees and at least one employee works in the SHOP service area.
- ☐ I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my SHOP coverage may be impacted if I provide false or untrue information.

- ☐ *I've read and agree to these statements.

**Electronic signature*

- **Pay your first month's premium.** You must submit your first month's premium payment by the enrollment deadline (the 15th of the month prior to the coverage effective date) for coverage to start on the first of the month. The fastest way to submit a payment is online. You can also mail in SHOP payments to:

SHOP Marketplace

PO Box 2130

South Portland, ME 04116

Make checks payable to SHOP Marketplace.

Minimum Participation Rate

The minimum participation requirement doesn't apply between November 15 and December 15. Outside of this enrollment period, you must meet the minimum participation rate for your state to qualify for SHOP coverage. If you don't have enough employees to enroll, you won't be allowed to submit your application. At this point, you have 2 options:

- **Change your coverage offer.** You can do this if you want to enroll any time during the year. For example, you can increase the amount you contribute to employees' premiums to encourage more of them to participate. If you change your coverage offer, you'll need to withdraw your current coverage offer and start the process over using the information from your initial application. You'll also need to set up a new employee enrollment period.

- **Withdraw your coverage offer.** If you decide not to offer coverage or want to change your coverage offer, go to the **My account tab** and select **My eligibility**. Select the **Withdraw application** link under the **Actions** field. Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

Cancelling or terminating coverage

- If you decide not to offer coverage, or an employee wants to cancel their enrollment, you have until 11:59pm EST to cancel before the coverage effective date. Any payments collected will be refunded by the SHOP Marketplace.

Important: Employees should work with their employers to cancel enrollment.

- If you want to terminate enrollment after the coverage effective date, your coverage will be terminated on the last day of the month in which you terminated coverage. In this case, you won't get a refund from the SHOP Marketplace. For example, if your group enrolls with a January 1 coverage effective date and you change your mind on or after January 1, the earliest you can terminate coverage is January 31.
- To cancel or terminate coverage, click on the **My account** tab and select **My eligibility**. On the **My eligibility** page select the **Withdraw application** link under the **Actions** field. Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

You can also contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9am-7pm EST. TTY users should call 711 to reach a call center representative.

HealthCare.gov Create enrollment Manage employees My account Help - Español

VA: Change state Log out esabajosi-3091@yopmail.com

Overview
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My eligibility

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?
Get eligibility information and access to SHOP coverage for your other offices.
[ADD ANOTHER STATE](#)

Eligibility status

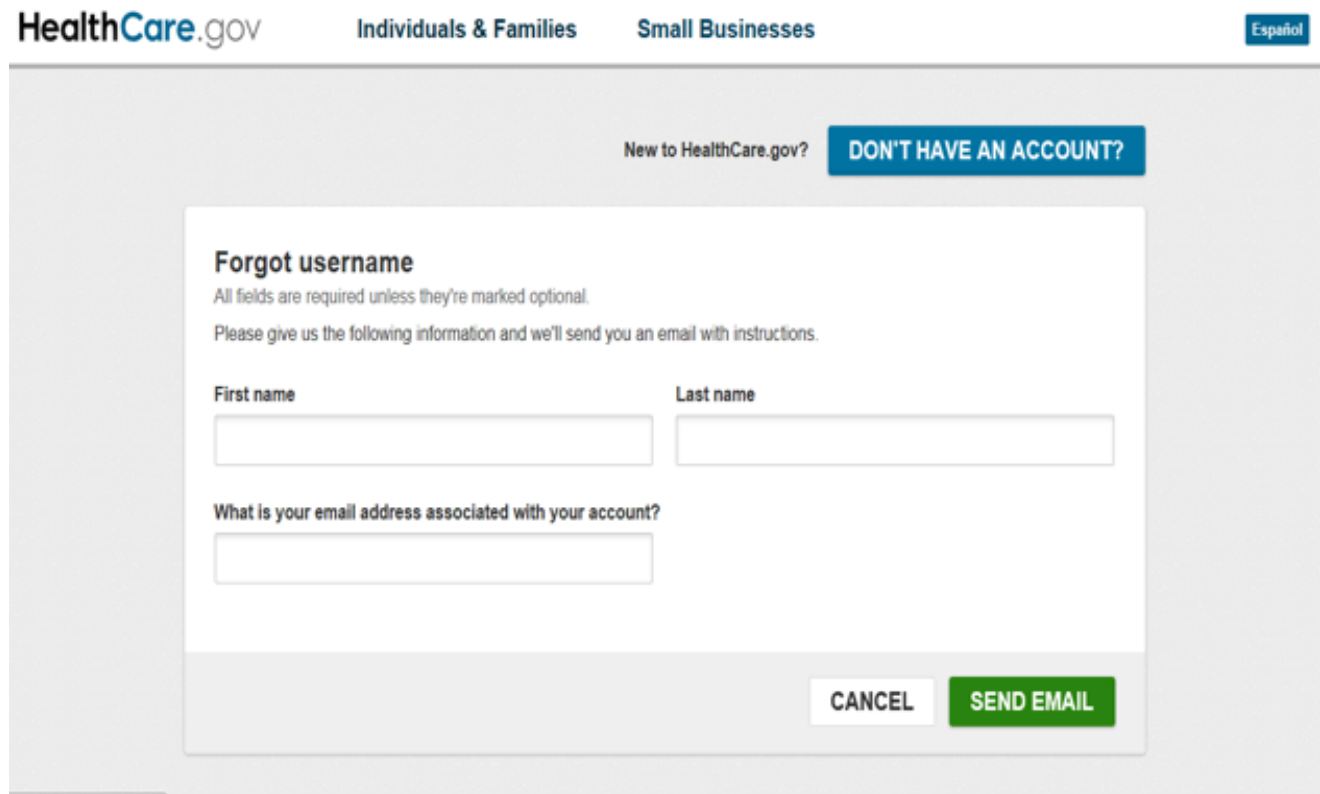
Application ID	Status	Actions
1000000213	Approved	View Withdraw application Update application Create enrollment

Special Enrollment Period

Qualified employees and their dependents, if you offer dependent coverage, may have a right to sign up for your coverage or make changes to their coverage choices outside of your Initial Enrollment Period. Job-based plans must provide this “Special Enrollment Period” of 30 days following certain life events that involve a change in dependent status or loss of other health coverage. If you don’t offer dependent coverage, a Special Enrollment Period applies only to qualified employees. [Learn more about the Special Enrollment Period](#) and qualifying life events.

Forgot your username and/or password?

- **Username:** If you forgot your username, enter your name and email address, and select **SEND EMAIL**. An email with your username will be sent to the email address in your account.



The screenshot shows the HealthCare.gov website header with the logo and navigation links for 'Individuals & Families' and 'Small Businesses'. A 'Español' language link is in the top right. Below the header, a blue button labeled 'DON'T HAVE AN ACCOUNT?' is next to the text 'New to HealthCare.gov?'. The main content area is a white box titled 'Forgot username' with the subtext 'All fields are required unless they're marked optional.' and 'Please give us the following information and we'll send you an email with instructions.' The form contains three input fields: 'First name', 'Last name', and 'What is your email address associated with your account?'. At the bottom right of the form are two buttons: 'CANCEL' and 'SEND EMAIL'.

- **Password:** If you forgot your password, enter your Marketplace username and select **SEND EMAIL**. An email with a temporary password will be sent to the email address in your account.

New to HealthCare.gov?

DON'T HAVE AN ACCOUNT?

Forgot passwordAll fields are required unless they're marked optional.Please give us the following information and we'll send you an email with instructions.**What is your Marketplace username?**

CANCEL

SEND EMAIL

Have questions or need help?

For more information on the SHOP Marketplace, visit HealthCare.gov/small-businesses/. Or you can contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9am–7pm EST. TTY users should call 711 to reach a call center representative.